

215047771
70236

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 012	Agency Case No. B5-107425	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	11/17/2015		TIME OF ACCIDENT 2000		STATE USE ONLY 11/17/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2002	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Adams/ N 38th- N 36th			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	
D	IF AT INTERSECTION	NAME OF INTERSECTING ROADWAY		IF NOT AT INTERSECTION	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
1			326.00		N 36th Street	
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
14	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
V2/M						
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
E	VEHICLE NO. 1					
2	DRIVER LICENSE NO.	H13535705		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER	KELSEY M THERIEN		PHONE	402-202-4862	
1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	04/14/1996	
V2/N	4618 ADAMS ST APT 1, LINCOLN, NE 68504					
1	OWNER	KELSEY M THERIEN		PHONE	402-202-4862	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input checked="" type="radio"/> YES <input type="radio"/> NO	
3	4618 Adams #1, LINCOLN, NE 68508		CITATION NO.		LB493610	
H	LICENSE PLATE PA NO.	TKC420		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
5	VEHICLE	2003	Oldsmobile	MODEL	Alero	BODY STYLE 4 door Sedan
V1/O	VEHICLE ID NO. (VIN)	1G3NL52E53C122455		COLOR	gray	
1	VEHICLE	2003	Oldsmobile	MODEL	Alero	BODY STYLE 4 door Sedan
V2/O	TOWED TO	TOWED BY		ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 100	
1					INSURANCE COMPANY	
1					POLICY NO.	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H13541833		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER	LOUIS E DILEO		PHONE	402-805-0110	
1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/19/1975	
V2/P	4000 Touzalin, LINCOLN, NE 68504					
1	OWNER	DBA Cornhusker Cab		PHONE	402-504-2833	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	
02	501 Olsen Dr, Papillion, NE 68046		CITATION NO.			
V1/Q	LICENSE PLATE PA NO.	TMW870		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
4	VEHICLE	2007	Ford	MODEL	Crown Victoria	BODY STYLE 4 door Sedan
V2/Q	VEHICLE ID NO. (VIN)	2FAFP71W57X152875		COLOR	red	
4	VEHICLE	2007	Ford	MODEL	Crown Victoria	BODY STYLE 4 door Sedan
K	TOWED TO	TOWED BY		ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 100	
01					INSURANCE COMPANY	
01					POLICY NO.	
01					PG115815	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107425

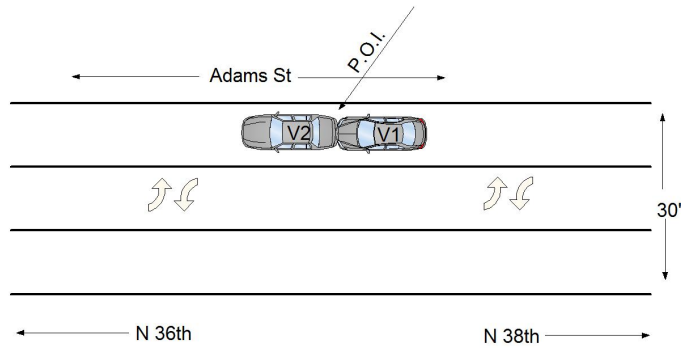


Indicate
North
by Arrow



POI- 326' E of E 36th
7' S of N Adams

ALL MEASUREMENTS ARE
APPROX



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 said he was stopped in traffic and was suddenly struck from behind by V1. D1 said she collided into the rear of V2 after sliding on the slick wet road. There was a light rain at the time of the accident and the road was wet. D1 did not have insurance and her license was found to be suspended. She was cited for various offenses, including following too closely.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1				X	Adams										
2				X	Adams										
1	01			06 Turning left		VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		VEH 1	
2	11			08 Entering traffic lane		POINT OF IMPACT		01		2 Deployed - side		2 Lap & shoulder belt used		Driver No. 1	
				09 Leaving traffic lane		MOST DAMAGED AREA		01		3 Deployed - both front/side		3 Shoulder belt only used		Driver No. 2	
				10 Parked		MOST DAMAGED AREA		05		4 Not deployed		4 Lap belt only used		Pedestrian	
				11 Slowing or stopped in traffic		00 None		02		5 Not applicable/ No airbag available		5 Child safety seat used		ALCOHOL LEVEL TESTED	
				12 Other		01		03		6 Unknown		6 Child booster seat used		N	
				03 Changing lanes		02		04		7 DOT approved helmet used		7 Costume helmet used		X	
				04 Overtaking/ Passing		03		05		8 Restraint use unknown		8 Restraint use unknown		N	
				05 Turning right		04		06						N	
				13 Unknown		05		07						N	
						06		08						N	

OFFICER NO. 1589	TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) David Lopez		INVESTIGATOR SIGNATURE Approved by David Lopez	DATE OF REPORT 11/17/2015